

CLAIMS ONLY						
Application Number 101 682094						Filing Date
Applicant(s)						
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	I					
2		I				
3		I				
4		I				
5		I				
6		I				
7		I				
8		I				
9		I				
10		I				
11		I				
12		I				
13		I				
14		I				
15		I				
16		I				
17		I				
18		I				
19		I				
20		I				
21		I				
22		I				
23		I				
24		I				
25		I				
26		I				
27		I				
28		I				
29		I				
30		I				
31		I				
32		I				
33		I				
34		I				
35		I				
36		I				
37		I				
38		I				
39		I				
40		I				
41		I				
42		I				
43		I				
44		I				
45		I				
46		I				
47		I				
48		I				
49		I				
50		I				
Total Indep	1					
Total Depend	23					
Total Claims	24					

Applicant(s)

Filing Date

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